

1A 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

R/DIST./ DIV. CODE GANAT		2. PERSON REPRESENTED JOSE VALENCIA		VOUCHER NUMBER	
AG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:11-CR-239-CAP		5. APPEALS DKT./DEF. NUMBER	
CASE/MATTER OF (Case Name) SA V MARTINEZ-MONTANEZ		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				6. OTHER DKT. NUMBER	
				10. REPRESENTATION TYPE (See Instructions) CC	

OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
 1:846, 841(a)(1), and 841(b)(1)(A)(iii) - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE (1)

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
 AND MAILING ADDRESS
 Stanley M. Baum
 Bates & Baum
 151 Maple Drive, N.E.
 Atlanta, GA 30305

Telephone 404-262-6262

NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

FILED IN OPEN COURT
 U.S.D.C. - Atlanta

JUN 09 2011

JAMES N. HATTEN, Clerk

13. COURT ORDER

- ☒ Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's

Appointment Dates:

☒ Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

June 9, 2011

Date of Order

June 8, 2011

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

CLAIM FOR SERVICES AND REIMBURSEMENT FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
Travel Expenses (lodging, parking, meals, mileage, etc.)					
Other Expenses (other than expert, transcripts, etc.)					
AND TOTALS (CLAIMED AND ADJUSTED):					

CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

TO:

20. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

APPROVED FOR PAYMENT - COURT USE ONLY

24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.	
SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		28a. JUDGE/MAG. JUDGE CODE	
29. OUT OF COURT COMP.		30. TRAVEL EXPENSES		31. OTHER EXPENSES		32. TOTAL AMT. APPROVED	
SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE		33a. JUDGE CODE	